CHRONOLOGICAL RECORD OF WELL-BABY CARE

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

SIGNIFICANT NEONATAL HX	DOB	WEIGHT	HEIGHT	PKU

DATE OF VISIT		
AGE	2 weeks	2 months
WEIGHT		
HEIGHT		
HEAD CIRCUMFERENCE		
SUBJECTIVE (HISTORY) 1. FEEDING 2. FORMULA/BREAST SOLIDS VITAMINS/FLOURIDE 3. ELIMINATION 4. GROWTH AND DEVELOPMENT 5. PARENTAL CONCERNS	Prenatal Hx: Family Hx: Breast / Formula _____ Stools/Day _____ Voids _____ Stares at light _____ Reacts to loud noises _____ Smiles spontaneously _____ Lifts head when prone _____ Fist to mouth _____ Sleep pattern _____ Allergies _____ Current meds _____ Parental concerns _____	Breast / Formula _____ Stools/Day _____ Voids _____ Looks at face _____ Coos _____ Smiles responsively _____ Follows with eyes _____ Responds to music _____ Sleep pattern _____ Allergies _____ Current meds _____ Parental concerns _____
OBJECTIVE **PHYSICAL EXAM**		
NUTRITION		
HEAD/FONTANEL		
EENT		
NECK/CLAVICLES		
LUNGS		
HEART		
ABDOMEN		
GENITALIA/HERNIA		
HIPS/SPINE		
EXTREMITIES		
SKIN		
NEUROLOGICAL		
ASSESSMENT		
PLANS AND COUNSELING SAFETY FEEDING GROWTH AND DEVELOPMENT IMMUNIZATION NEXT VISIT	Car seat used _____ Discussion and handouts given on nutrition, safety, and growth and development. Normal saline nose drops with instructions given. Newborn blood screening test ordered. Parents verbalized understanding of instructions. Return to clinic at age _____.	Car seat used _____ Discussion and handouts given on nutrition, safety, and growth and development. DPT/OPV # ____ HIB # ____ order / defer Tylenol drops _____ Parents verbalized understanding of instructions. Return to clinic at age _____.
	EXAMINED BY	EXAMINED BY

PATIENT'S IDENTIFICATION (Name, last, first, middle, grade, date, hospital or medical facility	REMARKS

SIGNIFICANT NEONATAL HX	DOB	WEIGHT	HEIGHT	PKU

DATE OF VISIT		
AGE	3 to 4 months	6 to 8 months
WEIGHT		
HEIGHT		
HEAD CIRCUMFERENCE		
SUBJECTIVE (HISTORY) 1. FEEDING 2. FORMULA/BREAST SOLIDS VITAMINS/FLOURIDE 3. ELIMINATION 4. GROWTH AND DEVELOPMENT 5. PARENTAL CONCERNS	Breast / Formula _____ Solids _____ Stools/Day _____ Voids _____ Laughs _____ Reaches _____ Holds head steady _____ Rolls front to back _____ Brings hands to midline _____ Head and chest up when prone _____ Sleep pattern _____ Teething _____ Allergies _____ Current meds _____ Parental concerns _____	Breast / Formula _____ Solids _____ Stools/Day _____ Voids _____ Babbles _____ Da-Da/Ma-Ma _____ Transfers objects _____ Crawls _____ Rolls back to front _____ Sits with support / alone _____ Pulls up to knee / stands _____ Sleep pattern _____ Teething _____ Allergies _____ Current meds _____ Parental concerns _____
OBJECTIVE **PHYSICAL EXAM**		
NUTRITION		
HEAD/FONTANEL		
EENT		
NECK/CLAVICLES		
LUNGS		
HEART		
ABDOMEN		
GENITALIA/HERNIA		
HIPS/SPINE		
EXTREMITIES		
SKIN		
NEUROLOGICAL		
ASSESSMENT		
PLANS AND COUNSELING SAFETY FEEDING GROWTH AND DEVELOPMENT IMMUNIZATION NEXT VISIT	Car seat used _____ Discussion and handouts given on nutrition, safety, and growth and development. DPT/OPV # ____ HIB # ____ order / defer Tylenol drops _____ Parents verbalized understanding of instructions. Return to clinic at age _____.	Ipecac syrup given with instructions. Discussion and handouts given on nutrition, safety, and growth and development. DPT/OPV # ____ HIB # ____ order / defer Tylenol drops _____ Parents verbalized understanding of instructions. Return to clinic at age _____.
	EXAMINED BY	EXAMINED BY

PATIENT'S IDENTIFICATION (Name, last, first, middle, grade, date, hospital or medical facility	REMARKS